

# **BASIC PUBLIC INFORMATION OFFICER (PIO) COURSE**

## **Montana Air National Guard (MANG) Training Center**

**Wednesday, May 28, 2008 (0830-1630) through Friday, May 30 (0830-1630)**

This program is intended for newly appointed Public Affairs Officers/Public Information Officers, for those who would like a refresher course in public speaking, or for those whose emergency management responsibilities include public information and/or interaction with the media.

Montana Disaster and Emergency Services (DES), has developed and created the curriculum for the Basic PIO course using FEMA and other course materials from a variety of sources. DES is pleased to make this training available, to local government officials and their public information officers, emergency responders, and others in who are responsible for assisting with Emergency Management.

This course provides emphasis on the skills and knowledge needed for emergency management public information activities.

### **Day 1**

0830-1630:

Introductions and Group Assignments. Presentations.

Getting Started: The Presentation

Organizing, Objectives, The Audience, Strategies for Success, Learning Styles, Use and Abuse of Audio Visual Aids, Platform Skills

Video: "Speaking to One or a Thousand"

### **Day 2**

0830-1630

Video: "Be Prepared to Speak"

Cultural Diversity/Jokes

Managing Participant Interaction

Individual presentations

### **Day 3**

0830-1630:

Preparation and Rehearsal for the Team Approach to giving presentations, group course review and final exam, presentations, critiques and course wrap up.

**REGISTRATION: Fax, e-mail or mail registration form to Vince Kolar**

***BASIC PIO COURSE***

***Mail, fax or e-mail to:***

Vince Kolar

Cascade County DES

PO Box 3127

Great Falls, MT 59403

Fax: 406-454-6903

Office Phone: 406-454-6900

[vkolar@co.cascade.mt.us](mailto:vkolar@co.cascade.mt.us)

**Registration Deadline May 19, 2008**

**Limited to 40 participants**

**Please include the following information:**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

\_\_\_\_\_

Contact Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_